Jan .

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHAT030015 US

| As a below named inventor, I h  | ereby declare that: |                  | -                              |  |  |  |
|---|---------------------|------------------|--------------------------------|--|--|--|
| My residence, post office address and citizenship are as stated next to my name.  |                     |                  |                                |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <b>«Device with a physical unit with at least two operating positions»</b> the specification of which (check only one item below):   |                     |                  |                                |  |  |  |
| is attached hereto.   |                     |                  |                                |  |  |  |
| was filed as United States application  |                     |                  |                                |  |  |  |
| Serial No   |                     |                  |                                |  |  |  |
| on  |                     |                  |                                |  |  |  |
| and was amended   |                     |                  |                                |  |  |  |
| on  |                     |                  |                                |  |  |  |
|   |                     |                  |                                |  |  |  |
| was filed as PCT internation  | nal application     |                  |                                |  |  |  |
| Number PCT/IB2004/050359  |                     |                  |                                |  |  |  |
| on 30 March 2004  |                     | <del></del>      |                                |  |  |  |
| and was amended under PCT Article 19  |                     |                  |                                |  |  |  |
| on  |                     |                  | (if                            |  |  |  |
| applicable).  |                     |                  |                                |  |  |  |
| I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.   |                     |                  |                                |  |  |  |
| I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).  |                     |                  |                                |  |  |  |
| I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: |                     |                  |                                |  |  |  |
| PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:   |                     |                  |                                |  |  |  |
| COUNTRY   | APPLICATION NUMBER  | DATE OF FILING   | PRIORITY                       |  |  |  |
|   |                     | DAY, MONTH, YEAR | CLAIMED<br>UNDER 35 USC<br>119 |  |  |  |
| EP  | 03 100 847.7        | 31-03-2003       | YES                            |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |                     |                  |                                |  |  |  |
|   |                     |                  |                                |  |  |  |

sylveni .

Attorney's Docket Number Combined Declaration For Patent Application and Power of Attorney (Continued) **PHAT030015 US** (includes Reference to PCT International Applications) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael E. Marion, Reg. No. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME OF** FAMILY NAME INVENTOR Norbert STAMPFL RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY 201 **CITIZENSHIP** Austria Austria Grossweikersdorf POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY **ADDRESS** A-3701 Grossweikersdorf Wienerstrasse 13 Austria

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

DATE 01

24, MARCH 2004

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U.S. DEPARTMENT OF COMMERCE - Patent and Trademarks Office (July 1994)

page 2 of 2

PTO/SB/80 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all 37 CFR 3.73(b).  | previous powers of attorney  | given in the appli                             | cation identified                     | d in the a                   | ttached state                       | ment under             |
|--|--|--|---------------------------------------|------------------------------|-------------------------------------|------------------------|
| I hereby appoint:  |  |  |                                       |                              | <u> </u>                            |                        |
| Practitioners associated with the Customer Number:   |  | 24   | 737                                   |                              |                                     |                        |
| OR Down (Street of Street  |  | <u> </u>                                       | <del></del>                           |                              | J                                   |                        |
| Practitioner(s) nat  | med below (if more than ten patent   | practitioners are to be                        | named, then a cu                      | stomer nun                   | nber must be us                     | ed):                   |
| Name   |  | Registration Number                            |                                       |                              |                                     |                        |
|  |  |  |                                       |                              |                                     | Number                 |
|  |  |  |                                       |                              |                                     |                        |
|  |  |  |                                       |                              |                                     |                        |
|  |  |  |                                       |                              |                                     |                        |
|  |  |  |                                       |                              |                                     |                        |
| any and an paterit applica   | ) to represent the undersigned befo<br>ations assigned <u>only</u> to the undersig<br>ccordance with 37 CFR 3.73(b). | re the United States F<br>ned according to the | atent and Tradem<br>USPTO assignme    | ark Office (<br>nt records o | (USPTO) in conr<br>or assignment do | ection with<br>cuments |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:   |  |  |                                       |                              |                                     |                        |
| The address associated with Customer Number: 24737   |  |  |                                       |                              |                                     |                        |
| OR   |  |  |                                       |                              |                                     |                        |
| Individual Name  |  |  |                                       |                              |                                     |                        |
|  |  |  |                                       |                              |                                     |                        |
| City   | State  |  | · · · · · · · · · · · · · · · · · · · | Zip                          |                                     |                        |
| Country  |  |  |                                       |                              |                                     |                        |
| Telephone  | Fax  |  |                                       |                              |                                     |                        |
| Andrew Manager and Andrew Manage |  |  |                                       |                              |                                     |                        |
| Assignee Name and Add  | ress:  |  |                                       |                              |                                     |                        |
| KONINKLIJKE PHILIPS ELECTRONICS N.V.   |  |  |                                       |                              |                                     |                        |
| Groenewoudseweg l<br>5621 BA Eindhoven, The Netherlands  |  |  |                                       |                              |                                     |                        |
|  |  |  |                                       |                              |                                     |                        |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of   |  |  |                                       |                              |                                     |                        |
| the practitioners app  | ointed in this form if the appo<br>application in which this Pov   | inted practitioner                             | is authorized to                      | act on b                     | ehalf of the a                      | ssignee,               |
|  | SIGNAT   | URE of Assignee of                             | Record                                |                              |                                     |                        |
| The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee  |  |  |                                       |                              |                                     |                        |
| Signature  | Date 14 Janua  |  |                                       | Januar                       | y 2005                              |                        |
| Name Michae  | (911) 333 30   |  |                                       | 33-9637                      |                                     |                        |
| Title   Authorized Representative  This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file lead.  |  |  |                                       |                              |                                     |                        |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

JC12 Rec'd PCT/FT 2.7 SEP 2005
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| STATEME  | ENT UNDER 37 CFR 3.73(b)  |
|--|---|
| Applicant/Patent Owner: Koninklijke Philips Electronics N  | 1.V.  |
| Application No./Patent No.: Concurrently   | Filed/Issue Date: Concurrently  |
| Entitled: DEVICE WITH A PHYSICAL UNIT WITH AT L  | EAST TWO OPERATING POSITIONS  |
| Koninklijke Philips Electronics N.V. (Name of Assignee)  | a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)          |
| states that it is:  1.   the assignee of the entire right, title, and interest   | st; or  |
| 2.   an assignee of less than the entire right, title ar The extent (by percentage) of its ownership intended in the patent application/patent identified above by vir | erest is ———— %   |
| A. [ ] An assignment from the inventor(s) of the pate in the United States Patent and Trademark Offic attached.  | nt application/patent identified above. The assignment was recorded to at Reel, Frame, or for which a copy thereof is |
| OR   |   |
| B. [ ] A chain of title from the inventor(s), of the paten below:  | t application/patent identified above, to the current assignee as shown   |
| Reel, Frame  | ed States Patent and Trademark Office at, or for which a copy thereof is attached.                                    |
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| 3. From:   | To:ed States Patent and Trademark Office at   |
|  | o States Patent and Trademark Office at, or for which a copy thereof is attached.                                     |
| [ ] Additional documents in the chain of title   | are listed on a supplemental sheet.   |
|  | nent document or a true copy of the original document) ordance with 37 CFR Part 3, if the assignment is to be         |
| The undersigned (whose title is supplied below) is aut   |   |
|  | Daniel J. Fiotrowski, Ret. 42,079   |
| Date<br>(914) 333-9624   | bed of printed name   |
| Telephone number   | Signature   |
|  | Corporate Counsel   |
|  | Title   |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.